



01263.001800.

PATENT APPLICATION

15/Sup A B
mav
4/30/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
ALEXANDER LYONS ET AL.)
Application No.: 09/718,342)
Filed: November 24, 2000)
For: IMAGE PROCESSING)
APPARATUS)
Examiner: A.W. Carter
Group Art Unit: 2625
March 16, 2004

RECEIVED

MAR 18 2004

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL AMENDMENT

Sir:

Supplemental to the Amendment dated March 2, 2004, please further amend the above-identified application as follows, the claims changes being reflected in the listing beginning at page 2, and the Remarks beginning at page 15.



2625

In re application of:

Docket No. 01263.001800.

ALEXANDER LYONS ET AL.

Application No.: 09/718,342

Examiner: A.W. Carter

Filed: November 24, 2000

Group Art Unit: 2625

For: IMAGE PROCESSING APPARATUS

Date: March 16, 2004

Mail Stop Non-Fee Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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MAR 18 2004
Technology Center 2600

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 48+	MINUS	** 150	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 7	MINUS	*** 30	= 0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

Registration No. 79 286

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